

FILED JUN 1 1944 8

Registration District No. Primary Registration District No. 1003

1. PLACE OF DEATH: St Louis Mo.
(a) County
(b) City or town
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Enroute to Homer Phillips Hos, 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 Yrs.
(Specify whether
In this community years, months or days)

3. (a) PRINT FULL NAME GEORGE THOMAS

3. (b) If veteran, name war 3. (c) Social Security No.

4. Sex Male 5. Color or race Col. 6. (a) Single, widowed, married, divorced Married
(b) Name of husband or wife Laura Thomas 6. (c) Age of husband or wife if alive 38 years
7. Birth date of deceased March 12th 1897
(Month) (Day) (Year)

8. AGE: Years 47 Months 2 Days 5 If less than one day hr. min.

9. Birthplace Baton Rouge La. 1
(City, town, or county) (State or foreign country)

10. Usual occupation 12th 1897
Barber

11. Industry or business 1233 Biddle St

12. Name Unknown
13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)
14. Maiden name Unknown 9
15. Birthplace Laura Thomas
(City, town, or county) (State or foreign country)

16. (a) Informant 2111-Biddle St
(b) Address Burial

17. (a) (b) Date thereof 5-22-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cemetery
Ellis Fun, Home

18. (a) Signature of funeral director
(b) Address 2820 Stoddard St

19. (a) MAY 22 1944 J. F. Prudek
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 000
(a) State Missouri (b) County 13
(c) City or town St Louis 9 21
(If outside city or town limits, write "RURAL")
(d) Street No. 1923 Biddle St
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 17
year 1944 hour 2 minute 00 A.M.

21. I hereby certify that I attended the deceased from
that I last saw him alive on
and that death occurred on the date and hour stated above.

Immediate cause of death
Labor Pneumonia
Pneumonia
Due to
Due to

Other conditions.
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy yes
PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place)
(e) Means of injury

23. Signature Thomas F. Prudek (M. D. or other)
Address Deputy Coroner Date signed 5-19-44

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____, Registered Apprentice No. _____, working under my personal supervision.

Signed _____

L. B. _____
29
Licensed Embalmer No. _____

P. O. Address _____
St. Louis 94

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.